



## Oklahoma Nurses Association 2008 House of Delegates Resolution

**Subject: Nursing Professions Response to Intimate Partner Violence**  
**Introduced by: ONA Board of Directors**

**EXECUTIVE SUMMARY:** Intimate partner violence (IPV) is “actual or threatened physical, sexual, psychological, or emotional abuse by a current or former spouse (including common-law spouse), dating partner or boyfriend or girlfriend. Intimate partners can be of the same or opposite sex.” IPV – rape, physical assault, and stalking - continue to be both legal and public health concerns causing 2 million injuries each year for 5.3 million US women, ages 18 and older. Increasing research supports that IPV has both short and long term health consequences even after abuse ends. Although most healthcare professionals agree that IPV is a problem, evidence based practices such as use of danger assessments are still not utilized in clinical practice.

This action proposal seeks to revise the ANA Position Statement, Violence Against Women to reflect current intimate partner violence research and knowledge to give guidance and direction for best clinical practices in the nursing profession. .

### **RECOMMENDATION(S):**

**WHEREAS**, intimate partner violence continues to be both a legal and public health problem; and

**WHEREAS**, intimate partner violence causes over 1000-1600 deaths and 2 million injuries per year to 5.3 million US women; and

**WHEREAS**, current research supports intimate partner violence has both long and short term health and disability consequences even after abuse ends; and

**WHEREAS**, the Joint Commission requires screening for abuse; and

**WHEREAS**, the ANA Code of Ethics directs the nursing profession to promote, advocate, and protect the health, safety, and rights of the patient; and

**WHEREAS**, the ANA Scope and Standards of Practice define the responsibilities of the Registered Nurse to identify and act on conditions that impact a patient’s health and safety; and

**WHEREAS**, the ANA House of Delegates and ONA House of Delegates have been a leader in advocating for the safety, health, and welfare of people experiencing violence through their position and policy statements,

### **THEREFORE, BE IT RESOLVED, that the Oklahoma Nurses Association will:**

1. Be opposed to IPV in all forms.
2. Increase awareness and education among nurses about the magnitude of the effect of intimate partner violence on the health, safety, and welfare of families, children, and communities.
3. Advocate for the use of evidence based clinical guidelines in caring and treating victims of violence
4. Endorse the use of routine, universal, and culturally sensitive intimate partner violence screening tools and protocols in all nursing specialties and settings.
5. Work with ANA and other nursing organizations to provide intimate partner violence documentation guidelines that are medically and legally complete and accurate.

**REPORT:**

Intimate partner violence (IPV) is “actual or threatened physical, sexual, psychological, or emotional abuse by a current or former spouse (including common-law spouse), dating partner or boyfriend or girlfriend. Intimate partners can be of the same or opposite sex.” (National Center for Injury Prevention and Control, 2002, p49) IPV – rape, physical assault, and stalking - continue to be both legal and public health concerns causing 2 million injuries each year for 5.3 million US women, ages 18 and older (NVAWS, 2000). Increasing research supports that IPV has both short and long term health consequences even after abuse ends. Abused women show more gynecological, gastrointestinal, central nervous system, and stress-related problems (Campbell, 2002; Campbell, Jones, Dienenmann, Kub, Schollenberger, O’Campo, Gielen, and Wynne, 2002). Intimate partner violence has been documented in 3-12% pregnancies (Campbell, 2002).

Although most healthcare professionals agree that IPV is a problem, evidence based practices such as use of danger assessments are still not utilized in clinical practice. IPV not only causes unnecessary suffering and loss, it is costly for victims, children, families, communities, and the nation. Medical, mental health care, substance abuse services, lost work, lost household productivity and earnings exceed \$5.8 billion each year. Healthcare accounts for more than two-thirds of this \$5.8 billion total or \$4.1 billion in costs (National Center for Injury Prevention and Control, 2003). Eight million days of paid work and 5.6 million days of household productivity are lost due to IPV (NVAWS). Because data excludes certain medical, social, and criminal justice services the costs outlined underestimate the problem.

Nearly one third of all women experience intimate partner violence (IPV) in a lifetime. In pregnant women, IPV is the leading cause of death and injury (Campbell, Woods, Chouaf, & Parker 2000). Victims of IPV are seen repeatedly in emergency departments and by primary care practitioners where ostensible injuries are treated, but the IPV is either not dealt with or missed. In addition to injuries sustained during violent episodes, people experiencing violence have been shown to develop chronic illnesses and long term disabilities such as sexually transmitted diseases, arthritis, chronic pelvic pain, migraine headaches, visual disorders and stomach ulcers (Campbell, 2002; Plazaola-Castano & Ruiz Perez, 2004)). Furthermore, children in families with domestic violence are at a high risk for physical and psychological abuse, behavioral problems, substance abuse, and eating disorders. Intimate partner violence is associated with eight out of the 10 *Healthy People 2010 Leading Health Indicators*. (Kimberg, Bilbao, & Marjavi, 2005). ,

<b>Indicator</b>	<b>Connection to Domestic Violence</b>
Tobacco Use	Increased Risk of Smoking
Substance Abuse	Increased risk of high-risk alcohol use
Injury and violence	Leading cause of injuries and homicide
Mental Health	Increased risk of mental health problems
Responsible Sexual Behavior	Increased sexual risk taking and STIs, less likely to use condoms consistently
Access to healthcare	Increased risk of late entry into prenatal care
Immunizations	Children of battered women less likely to get immunizations
Overweight and Obesity	Increased poor nutritional behaviors

The Joint Commission, recognizing the link between violence and health problems, now requires IPV screening. Most states have enacted mandatory healthcare IPV laws. Although these state laws vary, they hold healthcare providers accountable for assessing, intervening, documenting, and follow-up/reporting of IPV. The ANA is in a key leadership position to provide direction to the profession about current evidence based IPV practice guidelines. For over two decades nurse researchers have been leaders in global interdisciplinary IPV research and policy development. The proposed recommendation utilizes our profession’s research expertise and will integrate current research knowledge into the ANA Position Statement, Violence Against Women.

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## **SUGGESTED IMPLEMENTATION ACTIVITIES:**

- 1) Work with ANA to convene a panel/summit of intimate partner violence (IPV) experts and stakeholders to revise the ANA Position Statement, Violence Against Women to reflect:
  - a) current research, emerging best practices, and inclusion of vulnerable, high risk groups.<sup>1</sup>
  - b) evidence based clinical guidelines for basic IPV education and clinical practice for nurses<sup>2</sup>.
- 2) Collaborate with the Oklahoma Chapters of the following nursing organizations such as the American Academy of Nursing Violence Panel, Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), The Emergency Nurses Association (ENA), Nurse Midwives, National Forensic Nursing Institute and other stakeholders to publish, publicize, and disseminate consistent and evidence based IPV clinical practice guidelines
- 3) Form partnerships with interdisciplinary professional groups for ongoing discourse related to IPV research funding.
- 4) Call for inclusion of Intimate Partner Violence curriculum in basic nursing education for National League of Nursing and American Association of Colleges of Nursing approved accreditation.

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